

FILED SEP 15 1941

318

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield Route # 9  
(If not hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIAS EDWARD ELLIS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male Color or race White 6. (a) Single, widowed, married, divorced Single  
7. Birth date of deceased July 26, 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Springfield Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Farmer

11. Industry or business

12. Name George W. Ellis

13. Birthplace Springfield Tenn (City, town, or county) (State or foreign country)

14. Maiden name Margaret Murphy

15. Birthplace Springfield Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Ritz

(b) Address Springfield Route # 9

17. (a) Burial (b) Date thereof Aug 26, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Thorne

(b) Address Springfield, Missouri

19. (a) 8-25-41 (b) W. E. Handley (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Springfield Route # 9 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1941 hour 7:20 minute A M.

21. I hereby certify that I attended the deceased from Aug 15 1941 to Aug 25 1941; that I last saw him alive on Aug 23 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days  
Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature W. E. Handley (M. D. or other)  
Address Springfield Date signed Aug 25, 1941

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**